



755-3655 / 755-3656 / 755-3657

Susan W. Best, D.O.
Health Officer

PRE-SCHOOL ENTRY

SCHOOL _____ RETURN BY _____

NAME _____ BIRTHDATE _____

DTAP/DT 1. _____ 2. _____ 3. _____ 4. _____ (4 DOSES)

IPV 1. _____ 2. _____ 3. _____ (3 DOSES)

HEP B 1. _____ 3. _____ 3. _____ 4. _____ (3 OR 4 DOSES)

MMR 1. _____ (1 DOSE)

VARIVAX 1. _____ 2. _____ (1 DOSE REQUIRED
2 RECOMMENDED)

**MINIMUM IMMUNIZATON REQUIREMENTS FOR PRE SCHOOL ENTRY
PUBLIC LAW : IC 20-8.1-7-11.**

Beginning in the 2010-2011 school year, Rule change, 410 IAC 1-1-1 states that all children have the above requirements. If your child has had the chickenpox disease, we MUST have have a PHYSICIAN written documentation of history of the disease, including the MONTH and YEAR OF THE DISEASE.

CHICKENPOX DISEASE: _____

PHYSICIAN SIGNATURE: _____

